



Transitory Services (Education of Homeless Children and Youth Program)

(202) 741-6404 | Fax: (202) 741-0227 | www.osse.dc.gov

**Title X Part C McKinney-Vento
Confidential Referral Form**

School Name: Date:

Student: M/F:

Grade: Unique Student Identifier Number (USI):

Age: Birth Date: Phone Number:

Temporary Address: City: Zip:

Last School Attended: School ID Number:

[School of Origin]

Location of School:

[City]

[State]

Referring Person: Position:

Please check all that apply for the following areas of concern relevant to the student:

Night Time Residency Status: You must select one of the following:

Services needed:

Student lacks a permanent residence.....

Student is unable to pay school fees.....

Immunizations are needed.....

Excessive absences.....

Lacks academic records/documents.....

Experiencing academic delays.....

In need of school supplies.....

In need of school transportation.....

In need of resource referrals.....

In need of medical attention.....

In need of clothing/uniforms.....

Completed academic assessment.....

Possesses a current I.E.P. (SPED).....

IDEA..... LEP/ESL..... 504..... Home Bound..... Migratory..... Other:

Other children in the home (list names and ages):.....

School Based Liaison:

[Name]

[Phone]

..... Copy sent to OSSE

..... Copy placed in student's cumulative record

For more information please contact:

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